

**RECEIVED  
CENTRAL FAX CENTER**

PTO/SB/14 (07-07)  
Approved for use through 03/30/2010  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
0651-0032  
**APR 13 2009**

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>Application Data Sheet 37 CFR 1.76</b>		Attorney Docket Number	289.001
		Application Number	09/579,407
Title of Invention	Method For Generating an Insurance Quote		
<p>The application data sheet is part of the provisional or nonprovisional application for which it is being submitted. The following form contains the bibliographic data arranged in a format specified by the United States Patent and Trademark Office as outlined in 37 CFR 1.76.</p> <p>This document may be completed electronically and submitted to the Office in electronic format using the Electronic Filing System (EFS) or the document may be printed and included in a paper filed application.</p>			

**Secrecy Order 37 CFR 5.2**

☐ Portions or all of the application associated with this Application Data Sheet may fall under a Secrecy Order pursuant to 37 CFR 5.2 (Paper filers only. Applications that fall under Secrecy Order may not be filed electronically.)

**Applicant Information:**

<b>Applicant 1</b>				
Applicant Authority		<input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117
				<input type="radio"/> Party of Interest under 35 U.S.C. 118
Prefix	Given Name	Middle Name	Family Name	Suffix
	David	L.	Bates	
Residence Information (Select One) <input checked="" type="radio"/> US Residency <input type="radio"/> Non US Residency <input type="radio"/> Active US Military Service				
City	McCordsville	State/Province	IN	Country of Residence US
Citizenship under 37 CFR 1.41(b)				
Mailing Address of Applicant:				
Address 1		9932 Springstone Road		
Address 2				
City	McCordsville	State/Province	IN	
Postal Code	46055	Country	US	
<b>Applicant 2</b>				
Applicant Authority		<input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117
				<input type="radio"/> Party of Interest under 35 U.S.C. 118
Prefix	Given Name	Middle Name	Family Name	Suffix
	Jerome	B.	Gordon	
Residence Information (Select One) <input checked="" type="radio"/> US Residency <input type="radio"/> Non US Residency <input type="radio"/> Active US Military Service				
City	Fairfield	State/Province	CT	Country of Residence US
Citizenship under 37 CFR 1.41(b)				
Mailing Address of Applicant:				
Address 1		F Lalley Boulevard		
Address 2				
City	Fairfield	State/Province	CT	
Postal Code	06430	Country	US	
<b>Applicant 3</b>				
Applicant Authority		<input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117
				<input type="radio"/> Party of Interest under 35 U.S.C. 118
Prefix	Given Name	Middle Name	Family Name	Suffix
	Donald	J.	Goodenow	
Residence Information (Select One) <input checked="" type="radio"/> US Residency <input type="radio"/> Non US Residency <input type="radio"/> Active US Military Service				
City	Chesterfield	State/Province	MO	Country of Residence US

**RECEIVED  
CENTRAL FAX CENTER**


**APR 10 2009**

PTO/SB/14 (07-07)



Approved for use through 06/30/2010. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>Application Data Sheet 37 CFR 1.76</b>		Attorney Docket Number		289.001	
		Application Number		09/579,407	
Title of Invention	Method For Generating an Insurance Quote				
Citizenship under 37 CFR 1.41(b)					
Mailing Address of Applicant:					
Address 1		1118 Greystone Manor Parkway			
Address 2					
City	Chesterfield		State/Province	MO	
Postal Code	63005		Country	US	
All Inventors Must Be Listed - Additional Inventor Information blocks may be generated within this form by selecting the Add button. 					

**Correspondence Information:**

Enter either Customer Number or complete the Correspondence Information section below. For further information see 37 CFR 1.33(a).			
<input type="checkbox"/> An Address is being provided for the correspondence information of this application.			
Customer Number	23598		
Email Address	docketing@boylefred.com		 

**Application Information:**

Title of the Invention	Method For Generating an Insurance Quote				
Attorney Docket Number	289.001		Small Entity Status Claimed <input checked="" type="checkbox"/>		
Application Type	Nonprovisional				
Subject Matter	Utility				
Suggested Class (if any)	705		Sub Class (if any)	00400	
Suggested Technology Center (if any)	3626				
Total Number of Drawing Sheets (if any)	5		Suggested Figure for Publication (if any)		

**Publication Information:**

<input type="checkbox"/> Request Early Publication (Fee required at time of Request 37 CFR 1.219)	
<input type="checkbox"/> <b>Request Not to Publish.</b> I hereby request that the attached application not be published under 35 U.S.C. 122(b) and certify that the invention disclosed in the attached application has not and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing.	


**Representative Information:**

Representative information should be provided for all practitioners having a power of attorney in the application. Providing this information in the Application Data Sheet does not constitute a power of attorney in the application (see 37 CFR 1.32). Enter either Customer Number or complete the Representative Name section below. If both sections are completed the Customer Number will be used for the Representative Information during processing.			
Please Select One:	<input checked="" type="radio"/> Customer Number	<input type="radio"/> US Patent Practitioner	<input type="radio"/> Limited Recognition (37 CFR 11.9)


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>Application Data Sheet 37 CFR 1.76</b>		Attorney Docket Number	289,001
		Application Number	09/579,407
Title of Invention	Method For Generating an Insurance Quote		
Customer Number	23598		

### Domestic Benefit/National Stage Information:

This section allows for the applicant to either claim benefit under 35 U.S.C. 119(e), 120, 121, or 365(c) or indicate National Stage entry from a PCT application. Providing this information in the application data sheet constitutes the specific reference required by 35 U.S.C. 119(e) or 120, and 37 CFR 1.78(a)(2) or CFR 1.78(a)(4), and need not otherwise be made part of the specification.			
Prior Application Status			
Application Number	Continuity Type	Prior Application Number	Filing Date (YYYY-MM-DD)
Additional Domestic Benefit/National Stage Data may be generated within this form by selecting the Add button.			

### Foreign Priority Information:

This section allows for the applicant to claim benefit of foreign priority and to identify any prior foreign application for which priority is not claimed. Providing this information in the application data sheet constitutes the claim for priority as required by 35 U.S.C. 119(b) and 37 CFR 1.55(a).			
			
Application Number	Country <sup>1</sup>	Parent Filing Date (YYYY-MM-DD)	Priority Claimed
			<input checked="" type="radio"/> Yes <input type="radio"/> No
Additional Foreign Priority Data may be generated within this form by selecting the Add button.			

### Assignee Information:

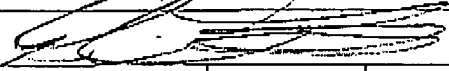
Providing this information in the application data sheet does not substitute for compliance with any requirement of part 3 of Title 37 of the CFR to have an assignment recorded in the Office.				
<b>Assignee 1</b>				
If the Assignee is an Organization check here. <input type="checkbox"/>				
Prefix	Given Name	Middle Name	Family Name	Suffix
<b>Mailing Address Information:</b>				
Address 1				
Address 2				
City		State/Province		
Country <sup>1</sup>		Postal Code		
Phone Number		Fax Number		
Email Address				
Additional Assignee Data may be generated within this form by selecting the Add button.				

### Signature:

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.
--

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>Application Data Sheet 37 CFR 1.76</b>		Attorney Docket Number	289.001
		Application Number	09/579,407
Title of Invention	Method For Generating an Insurance Quote		

Signature				Date (YYYY-MM-DD)	
First Name	Peter	Last Name	Stomma	Registration Number	36,020

This collection of information is required by 37 CFR 1.76. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 23 minutes to complete, including gathering, preparing, and submitting the completed application data sheet form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.